



PUBLIC RECORDS REQUEST FORM

Requests are filled, in the order they are received, in accordance with the Provisions of Chapter 119, Florida Statutes

Name: _____

(Please print name clearly)

Date and Time: _____

Address: _____

Phone: _____

Fax: _____

Organization: _____

E-mail: _____

DESCRIPTION OF PUBLIC RECORDS BEING REQUESTED:

A. Type of Records: _____

B. Specific Records Requested: _____

C. Time Period That Records Pertain To: _____

If the nature or volume of the public records request is such as to require extensive use of information technology resources and/or extensive clerical or supervisory assistance when processing the request, the agency may charge, in addition to the actual cost of duplication, a special service fee, which may be collected as authorized by Chapter 119.07, Florida Statutes.

For Office Use Only

PRR Processed By: _____

Date Completed: _____

Requestor Notified on: _____

Processing Fees

No. of Copies: _____

Copy Fee @ \$0.15 each: _____

Research Fee: _____

Total Charge: _____

Payment Type: _____ Cash
_____ Check

D.L. #: _____